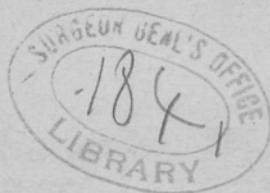


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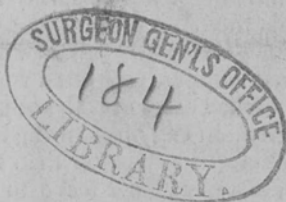
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OBSERVATIONS ON THE MANAGEMENT OF CHOLERA ON PLANTATIONS, AND METHOD OF TREATING THE DISEASE,  
AS PRACTICED BY DR. C. B. NEW.

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✓ WRITTEN BY REQUEST, AND PUBLISHED BY  
R. N. FETHERSTON'H & CO., DRUGGISTS,  
RODNEY, MISS.

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## LETTER TO DR. NEW.

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RODNEY, May 1st, 1850.

DR. C. B. NEW—DEAR SIR:

Believing your prescription for Cholera to be the most valuable, and having daily frequent calls for it, you will confer a peculiar favor by furnishing me with your plan of treating that disease on plantations, as well as in individual cases, so that I may be enabled to furnish a copy to all who desire to be supplied with your Medicine, and place in their hands such a guide as will direct them how to treat those attacked with more success and on a more systematic plan than has generally been heretofore pursued.

Your friend,

R. N. FETHERSTON'H.

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## REPLY.

*Corydon, May 7th, 1850.*

MR. FETHERSTON'H:—You ask me, for the liberty of "making more generally known my prescription for Cholera," and to "furnish you with my views of the disease, and my method of treating it." I do not claim originality in the selection of my remedies, for they are well known to the profession; but in the combination, the doses, and the manner of administering them, I differ, perhaps, from some of my brethren.

If you think the publication of my views can benefit the public, you are at liberty to use my name in the manner you propose; and I shall be gratified to learn that your efforts have been attended with the success you anticipate.

It is difficult, if not impossible, to give a general prescription, one suited to all cases of Cholera, still, by a proper treatment of the initiatory symptoms, very much of the fatality which usually attends the onset of this malady, when epidemic on plantations, may be prevented. I have known the indiscreet use of calomel and red pepper, very often convert mild cases of diarrhoea, into well marked cases of collapse Cholera. Believing this, I directed my attention early last spring to a more palliative course; whether that course is any better than that which is more generally practised, is a question I leave to the profession to determine; but this much I can assure you, that I have tried every thing recommended by respectable writers, and I am convinced, that the plan I now pursue, has been far more successful in my hands than any other which I have tried.



## PRECAUTIONS.

When a well marked case of Cholera, fully developed in all the characteristics of the disease, appears on a plantation, I would advise the removal of all the well negroes to some remote comfortable buildings. Although I do not admit the contagiousness of the disease, still I think the atmosphere, where Cholera occurs, is vitiated, through which the infection will disseminate itself, and all, therefore, thus exposed are liable to an attack. This is proven by the fact, that when one case occurs on a plantation, others will follow, and unless the disease is arrested, by proper measures, will soon spread through the quarters. The disease under certain conditions may be said to possess a self-creating faculty; for in an iniquated state of the atmosphere its power and its virulence, is multiplied and strengthened, by the number of its victims. Not that there is any effluvia emanating from the diseased body capable of producing the same disease in others, but that gaseous emanations from the sick, when crowded together, may corrupt the air, and render existing cases more violent, and the healthy more liable to attack; as anything tending to impair the general health may, and does act, as an exciting cause. It is thus that unwholesome food, such as rotten corn, tainted meat, or change of climate, water, or diet, and sometimes unaccustomed exposure produces Cholera. The reason of this is, not that the disease is generated on plantations, but that the atmosphere, impressed by the morbid agent, during the tour of the epidemic through our country, still retains enough of that poison to develop the disease when the system, by any of the causes alluded to, is enfeebled.

Again—the sick should be suffered to remain in their respective houses, if the disease seems now disposed to spread, and not crowded together in one house, as it is not only dangerous to remove them, but they are saved the depressing influences of fear and anxiety, when witnessing the dying of others. Good nurses are now appointed, who visit the sick every half hour.

The next thing to be attended to, is to select a suitable nurse for the negroes in their new quarters, as you may expect sickness among them. This nurse should watch the “going aside” of the young, and examine the discharges of those who report themselves sick; for it is not unusual for some negroes to complain of “bad bowels,” when nothing is the matter with them, and for others to conceal a dangerous diarrhœa. Never give to a negro medicine for diarrhœa or Cholera, without seeing his operations or hearing the report of a *competent nurse*. This precaution will greatly lessen the number of sick. It is too much the custom to dose every negro who complains during the prevalence of Cholera, thus making cases—fatal cases, of those influenced alone by fear or deceit.

## PATHOLOGY AND INDICATIONS.

*Ubi irritatio ibi fluxus.* Where there is an irritation, there will be a flow of fluids. This is an old maxim, containing a principle clearly illustrated by the condition of the patient in this disease. The morbid agent, whatever it may be, acts as an irritant on the stomach and bowels, and to those points rush, I may say, all the fluids of the system; as the blood from which all other fluids are eliminated, is directed from the surface, and accumulates in the greater vessels of the abdomen—the lacteals instead of taking up and supplying the blood with chyle reverse their office, and pour forth their contents first, then the serum of the blood. These fluids accumulating in the stomach and alimentary canal, bring into play the stimulus of distention, thus the stomach throws off its contents: the peristaltic motion of the bowels is increased, and purging is the consequence. The liver and kidneys, the great scavengers of the body, now impoverished, cease to work, and the elements of those secretions which they elaborate from the blood, are retained in that fluid—the blood inspissated by the loss of the serum, moves sluggishly, and failing to perform its accustomed office, pours upon the brain, the lungs, and the heart, its poisoned current, and death is the result. This is a brief statement of my views of the beginning, and the end of the disease. How to guard the patient against this fatal termination is the province of the physician. This is best accomplished, I think, by stopping at once the flow of serum, which is a part of the vital fluid itself; checking the purging and vomiting, which must soon end in collapse if not arrested; and then restoring the secretions which are suspended in consequence of a misdirection of the fluids. The remedies selected for these objects, I think, meet the indications of the disease better, than all others of the *Materia Medica*. The *opium* allays the *irritation*, the starting point of the malady, and controls the inordinate peristaltic action of the bowels. The *sugar of lead* and the astringent mixture closes up the patulous mouths of the lacteals, and prevents the *regurgitation* of the fluids. The *calomel*, given in such small doses, as not to pass off by the bowels, as larger ones will, is best adapted to the reduced excitability of the stomach, and is ready to act as an *excitant* of the secreting organs, when the irritation is removed, and the fluids are made to flow back in their usual channels.

Until the effusion of serum into the stomach and bowels have ceased, no remedy can cause the liver or kidneys to secrete, during which stage it is worse than useless to oppress and overburden the stomach, with mammoth doses of any medicine. The liver and kidneys cannot be forced, at this period, to resume their functions, as the blood from which they elaborate effete matters,

is rapidly passing off in the form of serum by the stomach and bowels; this direction of the fluids *must be changed*, before an alterative can produce any salutary influence. Hence, my reasons for the use of opium and astringents freely, and calomel sparingly.

#### TREATMENT.

In almost all cases a relaxed state of the bowels precede a malignant form of Cholera. If enquiry in relation to this fact is made of patients, it will be found that ninety-nine cases out of every hundred, have suffered from loose bowels before the more serious symptoms of the disease appeared.

Every planter or overseer, should be careful to instruct all negroes under their charge, and impress upon them the importance of reporting the first symptoms. Many are deceived by the absence of pain; indeed the premonitory diarrhœa, which is the disease itself, when surrounded by an infected atmosphere, is attended often with absolute sense of relief, and is, therefore, calculated to deceive the well informed. But no one should, during the spring and summer months, allow his bowels to become too freely operated on, and the *first approach of diarrhœa*, at all times, should be met promptly. In this way, and this alone, may Cholera be checked, and the spreading of the disease, on plantations or in towns be prevented.

#### SPECIAL DIRECTIONS.

As soon as it is known an adult or grown person has diarrhœa or loose bowels, order him to bed, and give him *one of the pills*, composed of Calomel two grains; Sugar of Lead two grains; and pulverized Opium half grain. To a child *half the quantities*, if over eight years; if under, *one-fourth*. Should his bowels again be moved, repeat the pill, and give *a tea spoon full* of the mixture, consisting of Tinctures of Kino, Catechu and Cinnamon. I would, at the same time, apply a *large blister* over the abdomen, and on the blister a *hot mush poultice*. If the discharges are free, white and watery, give *one of the pills* every half hour, with a *tea spoon full* of the mixture, *should there be no vomiting*; but if vomiting is present, omit the mixture, and give *Acetate of Morphine* one-fourth grain at a dose, until the stomach is quieted, then resume the mixture. This course should be persevered in until the patient is completely *narcotised*, or the purging has ceased. But at this period, should the purging still continue, at longer intervals, and the discharges have assumed a *darker appearance*, the pills may be given less frequently, and as soon as the patient is brought under the influence of the opium, whether the purging has ceased or not; or the discharges have become dark, stop the pills. During the continuance of the purging, and while

giving the above medicines, every time the patient has a copious serous discharge, give him an Enema, composed as follows:

1 large spoon full of Starch,  
1 do. do. do. " Spirits Camphor,  
1 Tea do. do. " Laudanum,  
10 grains of Sugar of Lead.

Mix in a tea cup half full of cold water and inject into the bowels. Should the injection be returned, repeat it, and every time it is rejected give another.

When the purging has ceased, or the discharges have assumed a darker appearance, the skin warm and dry, or moist, the kidneys acting, and the pulse full, soft and regular, you may leave him, as he will soon fall into a quiet slumber, seldom requiring any further medical aid.

Sometimes, though not often, vomiting ushers in the attack. When this is the case I would give Act. Morphine half grain, and Calomel five grains, and repeat the dose every time the vomiting recurs. Apply a blister as in the former case, and never fail to blister in all cases. These cases are seldom attended with free watery purging until the vomiting ceases. When that takes place, *give one of the pills*, and repeat every time the patient has a watery discharge. I have given in such cases as much as eight grains of Morphine with success, but would advise no one to go beyond *four doses*, without the advice of a physician. After the stomach is quieted in these cases, the purging is readily relieved by *three or four* of the pills.

In ordinary diarrhoea, or loose bowels, which usually precede a grave form of Cholera, I have never known these pills to fail in relieving the patient before the discharges became serous or watery. In such cases, when the purging is after long intervals, and the discharges are dark, the pills may be given every *three or six hours*, according to the frequency of the purging. Given at the intervals last alluded to, these pills are equally good in relieving *disordered bowels*, accompanied with *bloody or mucus discharges*.

During the purging or vomiting stage *give no drinks*. It is idle to expect that fluids can be absorbed, when all the currents of the system are *directed backwards*—as the absorbents forgetting their accustomed functions, have assumed those of the emunctories. Fluids at this stage of the disease only aggravate the vomiting. I would give occasionally, to relieve the thirst, a little ice, and when the stomach and bowels have been quieted, then you may indulge the patient with a *little cold coffee*, rice water, or well seasoned gruel.

After the disease has been arrested for a few days, the bowels may sometimes be too much relaxed. Should the discharges now be bilious, give *two or three* times a day, a tea spoon full of



the mixture. But more frequently the bowels will be found in a torpid condition; if so, give a large spoon full of the Syrup of Rhubarb, and repeat if necessary.

#### COLLAPSE.

Nature, under every course of treatment, has sometimes performed wonderful cures, when the patient for hours has been cold and pulseless. By this fact we are taught never to despair, and it should impress upon our minds another salutary lesson; which is, *not to do too much*, nor to cripple the energies of the system by an officious interference with the efforts of nature, who, sometimes in despite the exertion of the over anxious physician, relieves the patient.

In this condition the vomiting and purging have ceased from exhaustion—the pulse small and fluttering, or has entirely left the wrist—the voice gone, or heard only in a whisper—the eyes sunken, and the complexion dark—the fingers shriveled, the nails blue; and the surface of the body and extremities covered with cold perspiration. The time has now passed for any energetic remedial means. It is now useless, if not injurious, to give large doses of Calomel. The vital properties of the stomach are exhausted; or greatly reduced; the absorbent system paralysed; the circulation of the blood irregular and unequal, and the heart has lost its power to propel this inspissated fluid; the liver and kidneys have ceased their functions for the want of blood, the serum of which has been evacuated, during the early stages. In this condition of things, how is it possible for Calomel, to have any salutary effect? But, says the advocates of herculean doses of Calomel in this condition. “If you can get the *liver to act*, the patient is saved.” That is true; but is it not equally true, that if you can get the kidneys to act, he is also saved? The action of these organs are no more, than the evidences, not the means of restoration. They but indicate an improved state of the whole vital properties of the system. Their resumed functions show, simply, that the *sensibility, the irritability, and the excitability* of the various organs of the body, have been roused from the late depression—that the functions of innervation are reviving—the circulation of the blood is being directed again into its proper channels—without all of which, the *liver nor the kidneys* could ever perform their offices. Calomel, therefore, in this stage of the disease, must remain inert in the stomach, or do injury, by augmenting the irritation; and thus depress still more the vital properties of the system. But, says some writers, Calomel is a sedative, and will remove this irritation. I am not prepared to admit the assertion. Yet, suppose it a sedative; as a sedative it must depress *those properties* of the discerning organs, liver and kidneys upon which alone depends

all hope for a restoration of their suspended functions; for unless it is powerful enough, *as a sedative*, to overcome the irritation, it must increase the mischief by wasting the excitability of the stomach; as the doses are entirely unadapted to the condition of that organ, and must remain *inert—do mischief, and pass*, as I have seen by force of specific gravity through the bowels, unaltered.

But some cases recover, under the administration of large doses of Calomel, in this condition. This I admit; still I cannot but think that they do so in defiance of Calomel, and that their recovery would be more safe and more speedy, if left to the *unassisted efforts of nature*. A large majority of the deaths I have witnessed, and that have occurred on plantations in this neighborhood, have been treated in this way; and on the contrary, I have yet to learn, that a single case *has* been lost, where a more *soothing plan* has been instituted, *in the commencement* of the disease.

But let us now return to our patient.

It is presumed now the *heroic* part of the treatment has been performed; if so, I would do no more than to rub him well all over with *dry* mustard, and give occasionally strong brandy toddy. If called to one in this condition, and nothing has been given, I would give Morphine, until I completely *narcotised* him—rub him as above, and give freely of brandy toddy; at the same time throw up an injection of Spirits Camphor, Laudanum and Turpentine. Should this not succeed, I would try the cold dash.

If re-action by these means is brought about, it would be well to give a large spoon full of the Syrup of Rhubarb, with five grains of Calomel in it; but if the patient has taken Calomel during the earlier stages of the disease, the Rhubarb alone will be sufficient to move the bowels. If his bowels should be too much relaxed, give the mixture occasionally, as before directed. Should consecutive fever now follow, a physician must direct the case in person.

Lest it may be thought, that this letter has been dictated by any unfairness towards my professional brethren, I will state in conclusion, that Dr. Williams, of Rodney, Dr. Gibson, of St. Joseph, and Dr. Carson, of Tensas Parish, La., gentlemen of discriminating judgment and professional skill, have been led by their own observations to adopt a similar course to the one here laid down, and whose success in the treatment of the disease is well known to the community. Yours truly,

C. B. NEW.



